Section II: Technical

Corporate Experience Project #3 Special Item Number (SIN): _____

Client Name:		
Client Address.		
Client e-mail address, telep	phone and fax numb	bers:
Project Title:		
Period of Performance (Be	gin and End Date):	
Dollar Value of Project (En	tire Project):	
Dollar Value of SIN Releva	nt Work (Must be >	\$25,000):
Invoice Attached: Yes	No	Statement of Work Attached: Yes No
Summarize the en	tire project (context	t, purpose, background, etc):
Summarize the sco	ope/type(s) of servic	ce(s) provided:
Summarize the res	sults achieved or ide	entify what was delivered e.g. a report, a recommendation:

Summarize the methodologies, tools, or processes used to accomplish the project:
Summarize the SIN relevant service(s) provided for this project:
Summarize how the SIN relevant services are similar in scope and complexity to the proposed TSS
services: